



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

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Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6190364
Outpatient Patient Service Revenue	\$89040745
Total Gross Patient Service Revenue	\$95231109

2. Deductions From Revenue

Contractual Allowance	\$51316934
Other Deductions	\$563399
Total Deductions	\$51880333

3. Total Operating Revenue

Net Patient Service Revenue	\$43350776
Other Operating Revenue	\$624907
Total Operating Revenue	\$43975683

4. Operating Expenses

Salaries and Wages	\$16430622	Employee Benefits	\$4337039
Depreciation and Amortization	\$1809551	Interest Expense	\$192996
Bad Debt	\$4124362	Other Expenses	\$15521440
Total Operating Expenses	\$42416010		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1559673	Total Assets	\$30047342
Net Non-operating Gains over Loss	\$520163	Total Liabilities	\$15657545

Total Net Gains	\$2079836
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46689751	\$28392290	\$18297461
Medicaid	\$16902313	\$11360858	\$5541455
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$31639045	\$12127185	\$19511860
Total	\$95231109	\$51880333	\$43350776

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$24396	\$-24396
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	n/a
Number of Hospital Patients Educated	n/a
Number of Citizens Exposed to Health Education Messages	n/a

Statement Six: Charity Statement

Hospital Charity Charges	\$123612
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$787,947		
Subtotal	\$787,947	\$0	\$787,947
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$787,947	\$0	\$787,947

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5968	\$-5968
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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